October 13, 1999

Our Reference: WA-TX#0110.90.R2

Ms. Linda K. Wertz, State Medicaid Director Texas Health and Human Services Commission Post Office Box 13247 Austin, Texas 78711

Dear Ms. Wertz:

I am pleased to inform you that your request for renewal of your Medicaid waiver to provide home and community-based services to eligible Medicaid recipients, as authorized under the provisions of section 1915(c) of the Social Security Act, has been approved. This waiver has been assigned control number 0110.90.R2 which should be used in any subsequent correspondence.

Specifically, you submitted a request to provide case management, respite care, day habilitation and supported employment services, minor home modifications, skilled nursing, adaptive aids, and other services such as residential assistance (including foster/companion care, supported home living and residential support), counseling and therapies and dental treatment to individuals who would otherwise require institutionalization in an Intermediate care facility for the mentally retarded or persons with related conditions (ICF/MR).

Based upon the assurances and information you provided, I approved the renewal request cited above for a 5-year period, effective September 1, 1998 as requested. The temporary extensions granted on this waiver will be subsumed into the waiver renewal.

The approval is subject to your agreement to serve no more individuals than those indicated in your Factor "C" in your approved per capita expenditures estimate. The values for Factor "C" include any individuals who will be replaced due to death or loss of eligibility for Medicaid services during the 5 years of the waiver program.

The following estimates of utilization and cost of waiver services have been approved:

Year	Unduplicated Recipients	Factor "D"
1	4,473	\$45,869
2	4,519	\$46,721
3	4,608	\$47,437
4	4,608	\$48,645
5	4,608	\$49,879

For your convenience, we have included a copy of the approved renewal package. If you have any questions, please contact Joe Reeder of my staff at 214-767-4419.

Sincerely,

James Randolph Farris, M.D. Regional Administrator

Enclosure

cc: Director, Center for Medicaid and State Operations